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CONFIRMATION NO. 9828

<b>SERIAL NUMBER</b> 10/810,958	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 59698US002	
<b>APPLICANTS</b> Christopher P. Henderson, Brandon, UNITED KINGDOM; Audra A. Wilson, Gateshead, UNITED KINGDOM;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/07/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 32692					
<b>TITLE</b> Non-elastomeric respirator mask that has deformable cheek portions					
<b>FILING FEE RECEIVED</b> 1152	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		